





To	 Person  Person  Person
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Subject	

THE ZAMBIA CATHOLIC UNIVERSITY

FACULTY OF BUSINESS

BACHELOR'S DEGREE IN ACCOUNTANCY

PROGRAM OUTLINE



Contacts

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TEL: +260 212 730209

Email: registrar@zcuniversity.edu.zm or
regoffice@zcuniversity.edu.zm

Website: <http://www.zcuniversity.edu.zm>

YEAR 1

Semester 1

Code	Course Name	Lecturer
BIT 110	Introduction to Computers	
MAT 110	Business Mathematics	
STC 110	Social Teachings of the Church	
COM 110	Communications Skills	
ET 110	Ethics	
EC 100	Introduction to Microeconomics	

YEAR 1

Semester 2

Code	Course Name	Lecturer
ACC 110	Financial Accounting	
BBA 130	Business Law	
EC 120	Introduction to Macroeconomics	

BBA 100	Principles of Management	
BIT 130	Financial Application Packages	

YEAR 2

Semester 1

Code	Course Name	Lecturer
BBA200	Business Ethics	
STAT210	Business Statistics	
ACC250	Cost Accounting	
ACC220	Corporate Governance	

YEAR 2

Semester 2

Code	Course Name	Lecturer
ACC 200	Taxation	
ACC 260	Public Sector Accounting	
BBA231	Corporate Law	
BBA 260	Principle of Marketing	

YEAR 3

Semester 1

Code	Course Name	Lecturer
BBA310	Organization Theory and Behaviour	
ACC375	Advanced Taxation	
ACC312	Management Accounting	
EC350	Managerial Economics	

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YEAR 3

Semester 2

Code	Course Name	Lecturer
ACC315	Advanced Management Accounting	
EC300	Public Finance	
BBA370	Research Methods	
ACC325	Financial Reporting	

YEAR 4

Semester 1

Code	Course Name	Lecturer
BBA450	Entrepreneurship	
BBA430	Operations Research	

ACC430	Audit and Assurance Services	
ACC450	Corporate Financial Management	
THE400	Thesis – Proposal start of semester	

YEAR 4

Semester 2

Code	Course Name	Lecturer
BBA425	Strategic Management	
ACC431	Advanced Audit and Assurance Services	
ACC415	Advanced Financial Reporting	
ACC460	Advanced Corporate Financial Management	
THE400	Thesis – Defence end of semester	

COMBINED COURSES WITH OTHER FACULTY

COMBINED COURSE CODE	COURSE NAME	LECTURER

Head of Department

Signature: _____

Date: _____

Faculty of Business Management and Finance Dean

Signature: _____

Date: _____

Registrar:

Signature:

Date: